



Application for Volunteer Services

Thank you for your interest in volunteering for the Florida Baptist Children's Homes, hereinafter referred to as FBCH.

This is a church-related, social services institution, operating under the auspices of the Florida Baptist Convention. Our Mission is to provide Christ-centered services to children and families in need.

Today's Date _____

PERSONAL

First Name _____ M.I. _____ Last Name _____

Mailing Address/Street _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

E-mail address _____

Have you ever been the subject of a child abuse or child neglect investigation, or convicted of any crime? Yes No

If yes, explain _____

Are you bilingual or multilingual? Yes No If yes, other language(s) _____

DRIVERS (only if you will be driving an FBCH vehicle)

License # _____ Expires: _____ Issuing State: _____

During the past five years, have you received a traffic ticket or been charged with a traffic violation? Yes No

Have you ever been denied issuance of a driver's license, or had your license suspended or revoked? Yes No

If yes to either question, explain: _____

AREA OF VOLUNTEER SERVICE (check all that apply)

I would like to work:

Directly with residents In the office On the grounds As needed

Once a week ___ Day ___ Afternoon ___ Evening Once a month Other _____

Main area(s) of interest:

- Clerical Mentor Sponsor Visiting Sponsor
- Maintenance Special Event Tutor
- Other (please specify) _____

Religious

Denomination preference _____ Are you a member of your Church? Yes No

Church address _____ Church phone () _____

Are you active in this church? Yes No Number of years attended _____

Pastor's Name _____ Pastor's Number _____

EDUCATION

Type of School	Name of School	Location	Years Attended	Major/Degree
High School				
Technical/Vocational				
Undergraduate				
Graduate				
Seminary				

COMPUTER SKILLS (to be completed only if you will be volunteering for office work)

List computer software with which you are most familiar, and rate your proficiency:

	Beginner	Intermediate	Expert		Beginner	Intermediate	Expert
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL REFERENCES (to be completed if you will be directly involved with children)

List 2 adults (excluding relatives or former employers) who know you personally and whom we may contact about you:

1) Mr. Mrs. Mr. & Mrs. Miss Dr. Rev. Prof. Name _____

Address _____ City _____ State _____ Zip _____

Home phone () _____ Work phone () _____

How does this person know you? _____ How long has this person known you? _____

2) Mr. Mrs. Mr. & Mrs. Miss Dr. Rev. Prof. Name _____

Address _____ City _____ State _____ Zip _____

Home phone () _____ Work phone () _____

How does this person know you? _____ How long has this person known you? _____

MISC.

Is there anything else you'd like for us to know about you? _____

FAMILY INFORMATION (to be completed if you will be volunteering as a Visiting Sponsor)

Name: Husband _____
Last First M.I.

Wife _____
Last First M.I.

Address: _____ City/State _____ Zip _____

Dates of Birth: Husband _____ Wife _____

Social Security Number: Husband _____ Wife _____

Marital Status: Single Married Widow(er) Divorced Separated

Race: Husband _____ Wife _____

Children: (use additional sheet of paper if necessary)

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Health: Husband _____ Wife _____

Physical limitations? If so, please describe: _____

In case of emergency, notify: _____
Name Phone Number

Prefer to provide visiting sponsorship for: (check all that apply)

- Elementary Boy
- Middle School Boy
- High School Boy
- Elementary Girl
- Middle School Girl
- High School Girl

AUTHORIZATION AND AGREEMENT

I, _____ authorize the personal references I have listed in this Volunteer Application, to release information to Florida Baptist Children’s Homes (FBCH) regarding personal lifestyle, habits, character, and any other information which FBCH deems pertinent in considering my Application. I certify that all information I gave in this Application is true and complete to the best of my knowledge, and I authorize FBCH to investigate any and all said information. In the event I am accepted to volunteer by FBCH, I understand that any false or misleading information I have in my Application and interview(s) may result in discharge as a volunteer. I understand, also, that I will be required to abide by all FBCH rules and regulations. I consent to FBCH investigating whether I have any history of criminal conduct, child abuse/neglect, or moral turpitude.

Applicant Signature

Date

STATEMENT OF CONFIDENTIALITY ASSURANCE

As a volunteer of Florida Baptist Children’s Homes, I hereby agree to hold confidential all information to which I have access regarding clients, former clients, or their families.

I also agree not to discuss or divulge to unauthorized person(s) information regarding records, programs, personnel matters, or business matters.

I understand that divulging of confidential information would jeopardize my ability to volunteer and may constitute a misdemeanor and be punishable by fine or imprisonment.

Applicant Signature

Date

RELEASE FORM

I hereby release the Florida Baptist Children’s Homes from any claims, if injured, while volunteering

at the _____.
Campus/Office Location

Name-printed or typed

Date

Signature